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7590 10/04/2004

Daniel D. Ryan
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01/11/2005 ~~UNGOYEN1~~ 00000099 09669104

01 FC:2501 700.00 OP
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PATENT TRADEMARK OFFICE

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Linda S. Wenzel (Depositor's name)
Linda S. Wenzel (Signature)
3 January 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/669,104	09/25/2000	Walid Najib Aboul-Hosn	0261-16761-DIV	7836

TITLE OF INVENTION: SINGLE PORT CADIAC SUPPORT APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$ 700	\$ 0	\$ 700	01/04/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MACHUGA, JOSEPH S	3762	600-016000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Ryan Kromholz & Manion, S.C.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	2	
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	3	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

A-Med Systems, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

W. Sacramento, California / US

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-2360 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Daniel D. Ryan

Typed or printed name _____

Date 3 January 2005

Registration No. 29,243

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